

2006 Prescription Drug Program Overview

Caremark administers the prescription drug benefits for PERS Choice and PERSCare plans. The following is a summary of the 2006 PERS Choice and PERSCare Prescription Drug Program.

	Retail Pharmacy Program	Retail Pharmacy for Maintenance Medications After Second Fill	Mail Service Program
WHEN TO USE IT	For a short-term or acute illness or condition, such as an ear infection, influenza or pneumonia	For a long-term or chronic condition, such as, arthritis, diabetes or high blood pressure	For a long-term or chronic condition, such as, arthritis, diabetes or high blood pressure
YOU PAY (COPAYMENT)	<ul style="list-style-type: none"> • \$5 for each generic prescription • \$15 for each brand names prescription on the Preferred Drug List • \$45 for each brand name prescription not on the Preferred Drug List • \$30 for each brand name prescription not on the Preferred drug List with an approved medical necessity waiver 	<ul style="list-style-type: none"> • \$10 for each generic prescription • \$25 for each brand name prescription on the Preferred Drug List • \$75 for each brand name prescription not on the Preferred Drug List • \$45 for each brand name prescription not on the Preferred Drug List with an approved medical necessity waiver 	<ul style="list-style-type: none"> • \$10 for each generic prescription • \$25 for each brand name prescription on the Preferred Drug List • \$75 for each brand name prescription not on the Preferred Drug List • \$45 for each brand name prescription not on the Preferred Drug List with an approved medical necessity waiver
DAYS SUPPLY LIMIT	PERS Choice: up to a 30-day supply PERSCare: up to a 34-day supply	PERS Choice: up to a 30-day supply PERSCare: up to a 34-day supply	PERS Choice and PERSCare: up to 90-day supply
ANNUAL MAXIMUM OUT-OF POCKET	None	None	\$1,000 per individual
CAREMARK CUSTOMER CARE	1-866-999-7377 (U.S., Canada and Mexico) 210-403-8288 (International)		
MEDICAL NECESSITY WAIVER	In order to obtain a non-referred brand name drug at the medical necessity non-preferred copayment, you must request a waiver as described in the Evidence of Coverage document.		